

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031824

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

210
FILED SEP 5 1962

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PrincetonLength of stay in 1b
22 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Axtell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Mercer

c. CITY
OR TOWN PrincetonInside Limits
Yes ☐ No ☒d. STREET
ADDRESS Ravanna Twp.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
Della

Middle

Last
Wells4. DATE
OF DEATH

Month

Day

Year

Aug. 6, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

Oct. 20, 1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ezra Egelston

13b. MOTHER'S MAIDEN NAME

Martha Early

14. NAME OF HUSBAND OR WIFE

Lee Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lee Wells

Mercer, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if more than one)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Passive Congestion of the liver

INTERVAL BETWEEN
ONSET AND DEATH
4 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Biliary Calculi

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cholecystectomy 8-2-62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-1-62

to 8-6-62

and last saw her alive on 8-6-62

Death occurred at 5:00 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

8-30-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Aug. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Early Cemetery

23d. LOCATION (City, town, or county)

Mercer Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ames Greenlee

Lineville Iowa

25. DATE RECD. BY LOCAL REG.

8-30-62

26. REGISTRAR'S SIGNATURE

Lee Wells

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0650

2 0650

3

4 1

5 1

6

7 0

8 2

9 584X

10

11

12 1-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~as by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Amos L. Greenlee

Licensed Embalmer No. 3967

P. O. Address

Louisville La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.